EXHIBIT X

Russell Medical Records dated 12/09/03

RUSSELL MEDICAL CENTER
P.O. Box 939
Alexander City, AL 35011
256-329-7100

PATIENT REGISTRATION FORM

ACCOUNT #: V010479624 ADMIT DATE: 12/09/03 MEDICAL RECORD NO: M0124352
ROOM/BED: ADMIT TIME: 1911 FINANCIAL CLASS: MC
TYPE: REG ER LOC/SVC/ACC:ER - SOCIAL SECURITY #: 420-25-6528

PATIENT NAME: KELLEY,DANIEL B. DOB: 06/17/71
ADDRESS: 800 PINEVIEW LANE AGE: 32
SYLACAUGA, AL 35150 SEX: M
HOME PHONE: (256)249-8067 RACE: CAUCASIAN
RELIGION:
COUNTY: TALLADEGA MAR.STATUS: DIVORCED

PATIENT EMPLOYER
UNEMPLOYED

PERSON TO NOTIFY
KELLEY,MELVIN RAY
800 PINEVIEW LANE
SYLACAUGA,AL 35150
(256)249-8067 FATHER

GUARANTOR
KELLEY,DANIEL B.
800 PINEVIEW LANE
SYLACAUGA,AL 35150
(256)249-8067 420-25-6528

NEXT OF KIN
KELLEY,MELVIN RAY
800 PINEVIEW LANE
SYLACAUGA,AL 35150
(256)249-8067 FATHER

GUARANTOR EMPLOYER
UNEMPLOYED

ACCIDENT DATE TIME
12/09/03 1911
Arrival Mode: AMBULANCE
Physician1: LAZENBY,SHIRLEY
Physician2:

INSURANCE	POLICY NUMBER	COVERAGE NO	SUBSCRIBER
MEDICARE	420256528A		KELLEY,DANIEL B.
MEDICAID	420256528		KELLEY,DANIEL B.

ACCIDENT: DATE ONSET OF SYMPTOMS/ILLNESS
COMMENT:
REASON FOR VISIT: FELL USER:DE.MGM
-
-

IS PATIENT A DIABETIC: N HIPAA PRIVACY NOTIFICATION DATE: 11/26/03
ALLERGIES: CODIENE
X

James

HOSPITAL
EMERGENCY PHYSICIAN RECORD 17

FALL
ER ER
KELLEY, DANIEL B.
DR. LAZENBY, S
12/09/2003 MEDICARE
32Y CA/M 06/17/1971
CODIENE

Time Seen: Room:
Historian: patient / EMS / corrections officer
History limited by : ☐ *Translator*

CHIEF COMPLAINT ☐ fall

HISTORY OF PRESENT ILLNESS:
age: Race: W / B / H / O Gender: M / F
Onset: hrs / days / weeks
Mechanism of injury:

☐ fell height of fall: standing
☐ slipped / tripped
☐ fell off bicycle / skate board
☐ passed out

Work Related? Yes No
Location of Injury / Pain

☐ head	☐ abdomen	☐ L / R upper extremity
☐ chest	☐ pelvis	☐ L / R lower extremity
☐ back	☐ neck	
☐ face		

Severity of pain: mild moderate severe
pain scale (1—10): _____

Exacerbation of pain:	☐ nothing	☐ movement
	☐ deep breath	☐ LOC *before fall*
Associated symptoms:	☐ none	*after fall*
	☐ chest pain	☐ neck / back pain
	☐ SOB	☐ weakness

ADDITIONAL HISTORY:

PAST MEDICAL HISTORY ☐ none
☐ HTN ☐ Seizures ☐ CVA / TIA ☐ Diabetes
☐ Other :

SOCIAL HISTORY
☐ Alcohol ☐ Tobacco ☐ Drug abuse
☐ Lives alone / spouse / family / nursing home

MEDICATIONS ☐ *See nurse's notes*
☐ NSAID
☐ Coumadin

ALLERGIES ☐ NKDA
☐ *See nurse's notes*

REVIEW OF SYSTEMS
☐ *ROS NEGATIVE EXCEPT AS INDICATED*
☐ *ROS cannot be obtained; patient unable to answer questions*
Check box if system is normal

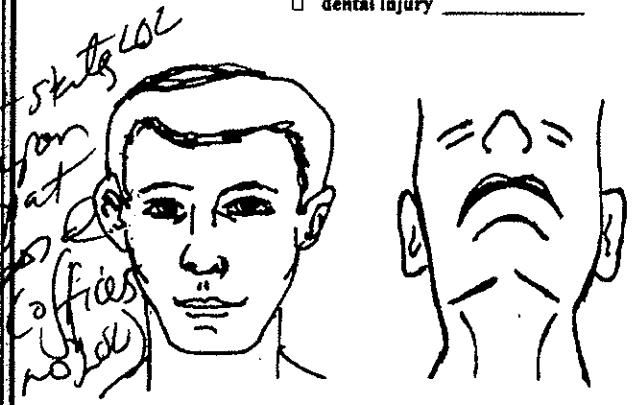
☐ General		
☐ ENT:		
☐ Eyes:		
☐ Resp:		
☐ CV:		
☐ GI:		
☐ GU:		
☐ Skeletal:		
☐ Skin:	☐ laceration	☐ abrasions
☐ Neuro / Psych:		
☐ Endocrine:		

PHYSICAL EXAM ☐ Vital Signs Reviewed
HR ____ Bp ____ RR ____ T ____ SaO_2 %____
Arrival: Private car / EMS *backboard / C-collar / Immobilized*

APPEARANCE:
☐ normal ☐ distressed: mild / moderate / severe

HEENT

☐ Atraumatic	☐ Ecchymosis / soft tissue swelling
☐ PEERL / EOMI	☐ laceration *(see diagram)*
☐ no dental injury	☐ pupils unequal
	☐ hemotympanum
	☐ septal hematoma
	☐ dental injury _____



NECK

☐ Nontender	☐ tender paraspinal muscles R / L
☐ Full ROM	☐ tender midline
☐ No muscle spasm	☐ muscle spasm R / L
	mild moderate severe
	☐ decreased ROM

CHEST EXAM

☐ Nontender	☐ tenderness / ecchymosis CW
☐ NL breath sounds	☐ decreased breath sounds R / L
☐ No murmur	☐ wheezing / rales / rhonchi
	☐ tachycardia / bradycardia
	☐ murmur: _____

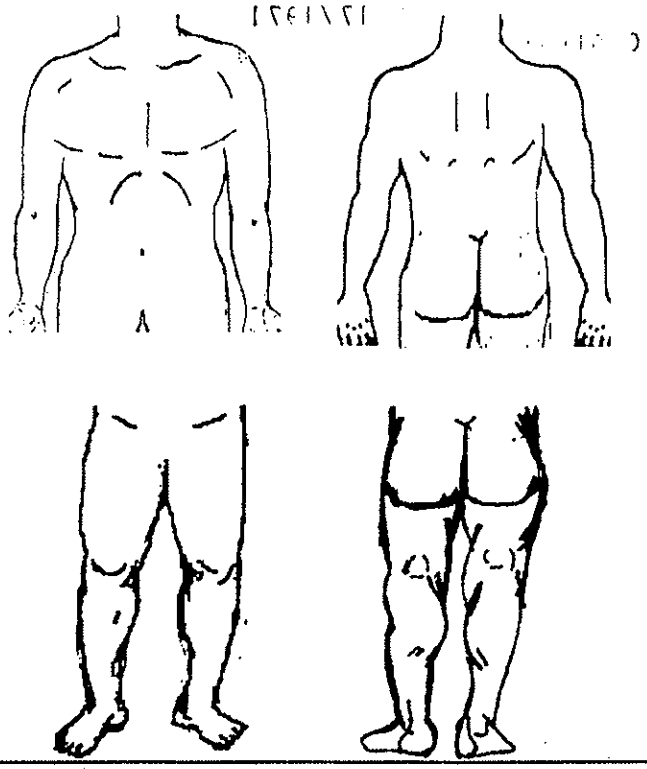
ABDOMEN / GU

☐ soft	☐ Distended
☐ Nontender	☐ tender : *RUQ LUQ epigastric*
	RLQ RUQ periumbilical
☐ NL bowel sounds	☐ rebound tenderness
☐ Heme negative stool	☐ heme positive stool
☐ NL genital exam	☐ vaginal injury
	☐ meatal blood / scrotal hematoma

BACK

☐ non-tender	☐ ecchymosis / laceration
☐ midline tenderness	☐ muscle tenderness / spasm
☐ no laceration	

HOSPITAL **FALL**
EMERGENCY PHYSICIAN RECORD
PAGE 2



EXTREMITIES
☐ non-tender ☐ location of injury *LUE RUE LLE RLE*
☐ without injury
☐ full ROM ☐ pelvic tenderness
☐ pain on weight bearing

SKIN
☐ intact ☐ laceration

NEURO
☐ oriented x 3 ☐ focal weakness
☐ no focal neuro deficits ☐ focal sensory deficit

PSYCHIATRIC
☐ normal affect ☐ flat affect ☐ mood depressed
☐ oriented only to person / place / time

RADIOGRAPHS
Cervical Spine: ☐ normal _____
Pelvic X-ray: ☐ normal _____
CXR: ☐ normal _____
L/S T - spine ☐ normal _____
Ribs / Sternum ☐ normal _____
Extremity X-ray: _____
_____
CT scans: *Head C-spine Abdomen Pelvis Chest*
☐ normal scan _____

Cardiac monitor strip: ☐ NSR ☐ no ectopy
_____
EKG Rate: _____ ☐ paced
Rhythm: ☐ NSR ☐ tachycardia ☐ bradycardia
☐ atrial fib / flutter ☐ ectopy: atrial / ventricular
☐ heart block: 1st / 2nd / 3rd degree
Axis: ☐ normal ☐ Axis deviation: Left / Right
QRS: ☐ normal ☐ IVCD ☐ RBBB ☐ LBBB
ST/T: ☐ normal ☐ nonspecific changes
☐ ST segments elevated / depressed _____
☐ T waves flat / inverted _____
Impression ☐ normal EKG ☐ abnormal EKG:
_____
Compared to Previous EKG: ☐ unchanged _____

LABS
CBC ☐ normal BMP ☐ normal
segs: ___%
bands: ___%
lymphs: ___%
U/A ☐ normal _____

WOUND REPAIR NOTE
Description: Linear / Stellate / Smooth margins / Irregular margin / Contaminated / Crushed tissue
Location: _____ Length: ____cm
Anesthesia:
topical: _____
local: Lidocaine 1% / 2% with or without epinephrine
other: _____
Cleansing:
Irrigation: saline / shurcleans / betadine volume: ____ cc
Debridement Foreign body removal
Wound Repair
☐ wound edges revised
☐ staples _____ ☐ steri-strips only ☐ skin adhesive

	# of sutures	suture size	material	technique
SKIN			ayion / prolene	simple / running / mattre
SubQ			vicryl / chromic	simple / running / mattre
Deep			vicryl / chromic	simple / running / mattre

☐ See Abscess / Puncture Wound / Laceration Sheet

ED COURSE
Treatment Response
[illegible] for [illegible] patient who will [illegible] to department [illegible] PE negated after [illegible] of [illegible].
CRITICAL CARE TIME: ____ (minutes)
☐ old records reviewed ☐ Admission orders written
☐ discussed with Dr. _____
☐ Counseled patient/family: test results / diagnosis / follow-up

CLINICAL IMPRESSION
Contusion: Lumbar
Sprain/Strain: _____
Fracture: _____
Laceration: _____
Acute Cervical strain
Closed head injury
Acute Back pain

DISPOSITION (time: _____)
☐ home ☐ admit ☐ transferred ☐ AMA ☐ observation ☐ expired
Condition: ☐ stable ☐ fair ☐ good ☐ poor ☐ critical ☐ improved
Follow-up: ☐ ED ☐ PMD ☐ on-call _____ in ____ days
Instructions:
Rx:
Back to facility

ATTENDING NOTE
☐ Resident/NP/PA note reviewed ☐ pt interviewed ☐ pt examined
Pertinent HPI: _____
My exam reveals: _____
☐ Labs reviewed ☐ X-rays reviewed
☐ I agree with above diagnosis ☐ I have reviewed the treatment plan / concur
_____ Resident / NP / PA
_____ MD / DO
☐ *See Addendum Sheet*

ORDERS: **RUSSELL MEDICAL CENTER EMERGENCY DEPARTMENT**

LABS: C-Spine, Lspine, pelvis c/t/ext

X-RAYS: UA, Urine, BMP, Phenergan level

MEDICINES / IV / OTHER: 1 bottle ibuprofen 800 po

1935 2005

10104796 24 K0124358

ER ER
KELLEY, DANIEL B.
12/09/2003 WHITE
32Y CA/M 06/17/1971
CODEINE

CERTIFIED EMERGENCY
YES NO

DATE: 12/9/2005 TIME: 1935 PHYSICIANS SIGNATURE:

RUSSELL MEDICAL CENTER **P.O. BOX 939** **ALEXANDER CITY, AL 35011** **(256) 329-7133**

PATIENT'S NAME:		DATE:	
MEDICATION	DIRECTIONS	DISPENSE	REFILLS
1.			
2.			
3.			
4.			
5.			

_____, M.D. PRODUCT SELECTION PERMITTED

_____, M.D. DISPENSE AS WRITTEN

NO REFILL AFTER SIX MONTHS

DEA# _____ ACLS# _____

RUSSELL MEDICAL CENTER EMERGENCY DEPARTMENT

1935 2005

DISCHARGE INSTRUCTIONS **PATIENT'S NAME:** Daniel Kelley

DATE: 12/9/2005

- ___ Contact your physician tomorrow for an appointment for follow-up in ___ days.
- ___ If no improvement in ___ days, contact your physician for follow-up.
- ___ Continue with present medications.
- ___ Contact your physician or return to the Emergency Department if symptoms worsen or no relief prior to follow-up appointment.
- ___ Since you have no local physician; you have been referred to Dr. _____, phone number _____
- ___ Take medications as directed.
- ___ Additional Instruction: Continue current meds. Take (R) ICS nebulizers & inhaler as you have ordered. Ibuprofen 800 mg every 8hrs for pain

WORK / SCHOOL NOTE

- ___ May return to work / school without restrictions.
- ___ May return to restricted duties for ___ days.
  Restrictions: _____
- ___ Will require time off from work / school, estimated time: ___ days.
- ___ Other: _____
- ___ No athletics / physical education: ___ days.
- ___ _____ was here with relative / child.

I hereby acknowledge that I have received a copy of and understand the above instructions.

X-Daniel Kelley
Signature of Patient or Responsible Party

Signature of Nursing Personnel

1112701 (Rev. 09/01) Medical Records - Patient Copy - Physician Copy 19002

V0104746 24 H0124352

EMERGENCY DEPARTMENT
NURSING ASSESSMENT SHEET

ER ER
KELLEY, DANIEL B.
DR. LAZENBY, S
12/09/2003 MEDICARE
32Y CA/M 06/17/1971
CODEINE

PERSONAL PHYSICIAN: Jans
NOTIFIED ( ) BEEPED ( ) TIME ____ INT ____
RESPONDED ( ) TIME ____

ER PHYSICIAN: ____
NOTIFIED ( ) TIME ____ INT ____
RESPONDED ( ) TIME ____

PHYSICIAN ON CALL FOR UNATTACHED PATIENTS ____

TEMP 97.0 PULSE 80 RESP 18 B/P 138/40 WT ____ CHIEF COMPLAINT: pt arrived via EMS pt fell down apprx 5-6', landing on cmt floor c/o neck pain & low back pain - pt stated has artifical L5 L4, S1 due to prior injury - ⊕LOC

NURSE BJ Allen TIME 1910

FAMILY NOTIFIED:
YES ( ) NO ( )
TIME ____
PERSON Prosser

POLICE NOTIFIED:
YES ( ) NO ( )
TIME ____
PERSON ____

SOCIAL SERV. NOTIFIED:
YES ( ) NO (X)
TIME ____
PERSON ____

CORONER NOTIFIED:
YES ( ) NO (X)
TIME ____
PERSON ____

ALLERGIES: NKDA ( )
Codeine

CURRENT MEDICATIONS:
Phenobarbital
Zyprexa
Zoloft
Neurontin
Robaxin
Klonipin

PRIORITY:
EMERGENT ( )
URGENT ( )
NONURGENT (X)

MODE OF ARRIVAL:
AMBULATORY ( )
PERSONAL VEHICLE ( )
WHEELCHAIR ( )
IN ARMS ( )
AMBULANCE (X)

TETANUS HX:
UTD ( )
UNKNOWN (X)

PEDIATRIC IMMUNIZATIONS:
UTD ( )
UNKNOWN (X)

TX PRIOR TO ARRIVAL:
NONE ( )
O2 ( )
BCLS ( )
ACLS ( )
IV ( )
BACKBOARD ( )
C-COLLAR ( )
SPLINT ____
BANDAGE ____

PAST MEDICAL HISTORY:
RENAL DZ ( )
HEART DZ ( )
SEIZURE ( )
HTN ( )
DIABETES ( )
COPD / ASTHSMA ( )
CANCER ( )
OTHER ____

TIME	IV FLUIDS	AMOUNT	SITE	GAUGE	NURSE
1910	NS KVO		22g	peripheral	RD

CODES FOR MEDICATION ADMINISTRATION SITES:
A) LEFT HIP C) LEFT THIGH E) LEFT ARM G) LEFT ABD
B) RIGHT HIP D) RIGHT THIGH F) RIGHT ARM H) RIGHT ABD

TIME	T	P	R	B/P	Sa 02	MEDICATION / TREATMENTS	DOSE	ROUTE	SITE	NURSE	COMMENTS / PT RESPONSE
2030						Motrin	600mg	PO		RD	

MENTAL STATUS:
ALERT (X)
ORIENTED ( )
DROWSY ( )
LETHARGIC ( )
DISORIENTED ( )
UNRESPONSIVE ( )
CONFUSED ( )

STIMULUS RESPONSE:
N/A (X)
VERBAL ( )
TOUCH ( )
PAIN ( )
NONE ( )

HAND GRIPS:
N/A ( )
EQUAL (X)
STRONG (X)
WEAK (X)
RIGHT ( )
LEFT ( )

MOVEMENT:
N/A ( )
VOLUNTARY (X) x4
INVOLUNTARY ( )

PUPIL RESPONSE:
N/A (X)
PERRLA ( )
SLUGGISH ( )
BRISK ( )
NONREACTIVE ( )

MUCUS MEMBRANES:
N/A ( )
MOIST ( )
DRY ( )

SKIN TURGOR:
N/A ( )
NORMAL ( )
DECREASED ( )

SKIN:
WARM (X)
HOT ( )
DRY ( )
COOL (X)
MOIST ( )
COLD ( )
CLAMY ( )

COLOR:
NORMAL (X)
FLUSHED ( )
PALE ( )
JAUNDICE ( )
CYANOTIC ( )
MOTTLED ( )
DUSKY ( )

PULSE:
REGULAR (X)
IRREGULAR ( )
WEAK ( )
ABSENT ( )

RESPIRATION:
ADEQUATE (X)
LABORED ( )
SHORT OF BREATH ( )
HYPERVENTILATING ( )
SHALLOW ( )

BREATH SOUNDS:
N/A (X)
BBS = CLEAR ( )
ADVENTITIOUS ( )
DIMINISHED ( )
ABSENT ( )
LEFT ( ) RIGHT ( )

SPEECH:
CLEAR (X)
COHERENT ( )
INCOHERENT ( )
SLURRED ( )
ABUSIVE ( )

11127024

COUGH:
PRESENT ( )
NOT PRESENT (X)
PRODUCTIVE (X)
NONPRODUCTIVE ( )

SPUTUM:
N/A (X)
CLEAR ( )
GREEN ( )
WHITE ( )
YELLOW ( )
FROTHY ( )
BLOODY ( )

PAIN:
N/A (X)
NON-RADIATING (X)
RADIATING TO _____
RATE PAIN 1 - 10 _____

CARDIAC MONITOR:
N/A ( )
YES (X) NO ( )
RHYTHM SR

EDEMA:
N/A (X)
ABSENT ( )
PRESENT ( )
PITTING ( )
NONPITTING ( )
LOCATION ( )

ABDOMEN:
N/A ( )
SOFT (X)
NONTENDER (X)
DISTENDED ( )
NONDISTENDED (X)
RIGID ( )
GUARDING ( )
REBOUND ( )
TENDER ( )
RLQ ( ) RUQ ( ) LUQ ( )

GI:
N/A (X)
NAUSEA (X)
VOMITING ( )
DIARRHEA ( )
BOWEL SOUNDS
YES NO
LOCATION:

GU:
N/A (X)
FLANK PAIN ( )
LEFT ( ) RIGHT ( )
DYSURIA ( )
HEMATURIA ( )
FREQUENCY ( )
URGENCY ( )

GYN:
N/A
LMP _____
NORMAL YES ( ) NO ( )
PREGNANT YES ( ) NO ( )
EDC _____ FHT _____
LOCATION: _____
BIRTH CONTROL: _____

EMOTIONAL ASSMT:
COOPERATIVE (X)
COMBATIVE ( )
AGITATED ( )
HOSTILE ( )
ANXIOUS ( )
EYE CONTACT:
YES ( ) NO ( )

LACERATION / ABRASION:
N/A ( )
LOCATION _____
SUPERFICIAL ( )
DEEP _____ ( )
BLEEDING ( )
NOT BLEEDING ( )
PRESSURE DSG APPLIED ( )

ORTHOPEDIC ASSMT:
N/A ( )
SWELLING ( )
DEFORMITY ( )
LOCATION _____
MOVEMENT LIMITED
YES ( ) NO ( )

PULSE BELOW INJURY
YES ( ) NO ( )
SPLINTED ( )
ELEVATED ( )
ICE APPLIED ( )

VALUABLES RELEASED TO:
N/A (X)
PATIENT ( )
PATIENT S/O ( )
_____
HOSPITAL SAFE ( )

DISPOSITION OF PATIENT:
DISCHARGED ( )
HOME ( )
NSG HOME _____
M.D. OFFICES _____
MORGUE / CORONER _____
IN CARE OF: SELF ( ) S/O ( )
LAW ENFORCEMENT Choctaw County
AMBULANCE SERVICE _____

ADMIT ( )
ROOM No
TRANSFER ( )

REPORT TIME _____
GIVEN TO
_____ _____
MEDICAL RECORDS
SENT ( ) FAXED ( )

CONDITION OF PATIENT ON DISCHARGE:
STABLE ( )
UNSTABLE ( )
CRITICAL ( )

TIME OF DISCHARGE: 2057

PATIENT TEACHING: Verb. understanding of med. & dc instructions. Dad & police

TB SCREEN (Please write Yes or No)
Do you have or have you ever had TB? N
Do you have any of the following:
Cough (2 weeks) _____
Night Sweats _____
Lack of Appetite _____

Anyone in your immediate family have TB? N
Bloody Sputum _____
Weight Loss _____
Fever _____

ADDITIONAL OBSERVATIONS:
1935 - pt to xray via stretcher — KSpees
2015 - pt from xray via stretcher — KSpees
2052 - IV d/c'd pressure dsg applied — KSpees

SIGNATURE OF NURSE	INITIAL	TITLE	SIGNATURE OF NURSE	INITIAL	TITLE
Beth Jones	BJ		K Spees	KS	

PATIENT: KELLEY,DANIEL B. ACCT #: V010479624 LOC: ER U #: M0124352
AGE/SX: 32/M ROOM: REG: 12/09/03
REG DR: LAZENBY,SHIRLEY STATUS: DEP ER BED: DIS:

**** URINALYSIS ****

	Date / Time	Reference	Units
Date	12/9/03		
Time	1946		
COLOR	STRAW		
APPEARANCE	CLEAR		
SPEC. GRAVITY	1.010	(1.000-1.030)	
PH	7.0	(5.0-9.0)	
LEUK ESTERASE	NEG	(NEGATIVE)	
NITRATE	NEG	(NEGATIVE)	
PROTEIN	NEG	(NEGATIVE)	
GLUCOSE	NORM		mg/dL
KETONE,URINE	NEG	(NEGATIVE)	
UROBILINOGEN	NORM		mg/dL
BILIRUBIN	NEG	(NEGATIVE)	
BLOOD	NEG	(NEGATIVE)	ul
RBC	(A)	(NONE)	/hpf
	(A) NONE SEEN		
WBC	(B)	(NONE)	/hpf
	(B) NONE SEEN		
EPITHELIAL CELL	(C)		/hpf
	(C) NONE SEEN		
BACTERIA	(D)	(NONE)	
	(D) NONE SEEN		
COCAINE	(E)		
	(E) NEGATIVE		
THC	(F)		ng/mL
	(F) NEGATIVE		
AMPHETAMINES	(G)	(N)	
	(G) NEGATIVE		
BARBITURATES	(H)		
	(H) POSITIVE		

EE

Patient: KELLEY,DANIEL B. #V010479624 (Continued)

**** URINALYSIS CONTINUED ****

Date	12/9/03				
Time	1946			Reference	Units
BENZODIAZEPINE	(I)				
(I) NEGATIVE					
OPIATES	(J)			(N)	
(J) NEGATIVE					
PCP	(K)				
(K) NEGATIVE					

Test	Day	Date	Time	Result	Reference	Units
BENZO	1	DEC 9	1946	(L)	(300)	
(L) Negative See also (@a)						
COCAINE (Metab.	1	DEC 9	1946	(M)	(300)	ng/mL
(M) Negative See also (@a)						
CANNABINOID	1	DEC 9	1946	(N)	(50)	ng/mL
(N) Negative See also (@a)						
OPIATES	1	DEC 9	1946	(O)	(300)	ng/mL
(O) Negative See also (@a)						
MORPHINE	1	DEC 9	1946	(P)	(CUTOFF 300)	
(P) NEGATIVE See also (b), (@a)						

NOTES: (@a) LABCORP
(b) Urine examination by GC/MS failed to detect the presence of
(b) an Opiate at or above the reporting threshold of 300 ng/mL.
(b) Specimen was analyzed for the following Opiates:
(b) Codeine Hydrocodone
(b) Morphine Hydromorphone

ii

Patient: KELLEY,DANIEL B. #V010479624 (Continued)

Test	Day	Date	Time	Result		Reference	Units
CODEINE	1	DEC 9	1946	(Q)		(CUTOFF 300)	
(Q) NEGATIVE See also (c), (@d)							
AMPHETAMINES	1	DEC 9	1946	(R)		(1000)	ng/mL
(R) Negative See also (@d)							
BARBITURATES	1	DEC 9	1946	(S)		(CUTOFF 300)	ng/mL
(S) NEGATIVE See also (@d)							
PHENCYCLIDINE	1	DEC 9	1946	(T)		(25)	ng/mL
(T) Negative See also (@d)							
PHENOBARBITOL	1	DEC 9	1942	13.6	L	(15-40)	ug/ml

NOTES: (c) Urine examination by GC/MS failed to detect the presence of
(c) an Opiate at or above the reporting threshold of 300 ng/mL.
(c) Specimen was analyzed for the following Opiates:
(c) Codeine Hydrocodone
(c) Morphine Hydromorphone
(@d) LABCORP

RUSSELL MEDICAL CENTER
P.O. BOX 939
ALEXANDER CITY,AL 35010

TRANSCRIPTION REPORT

NAME: KELLEY,DANIEL B.
PHYS: LAZENBY,SHIRLEY
DOB: 06/17/1971 AGE: 32 SEX : M
ACCT: V010479624 LOC: ER
EXAM DATE: 12/09/2003 STATUS:DEP ER
RAD #: 00087374 UNIT #: M0124352

EXAM #	TYPE	EXAM	RESULT
000458536	RAD	/ CERVICAL SPINE COMPLETE	

KELLEY, DANIEL B.
HISTORY: Fall.
CERVICAL SPINE
No comparisons. No sign of acute injury of the cervical spine.
Normal body heights and disk spaces. Articular facets and neural
foramen are not seen well due to positioning. Prespinal soft tissues
are normal.
IMPRESSION:
No sign of acute cervical injury nor any other significant finding.

** REPORT SIGNATURE ON FILE 12/11/2003 **
Reported By: DONALD G. HAWKINS, MD
Signed By: HAWKINS,DONALD MD

Transcribed Date/Time: 12/11/2003 0725
Transcriptionist: RAD.RD

Technologist: MARY LANKFORD RT (R) (US)
Printed Date/Time: 12/22/2003 1:29p
CC: SHIRLEY LAZENBY
Weaver,Randall --

RUSSELL MEDICAL CENTER
P.O. BOX 999
ALEXANDER CITY,AL 35010

TRANSCRIPTION REPORT

NAME: KELLEY,DANIEL B.
PHYS: LAZENBY,SHIRLEY
DOB: 06/17/1971 AGE: 32 SEX : M
ACCT: V010479624 LOC: ER
EXAM DATE: 12/09/2003 STATUS:DEP ER
RAD #: 00087374 UNIT #: M0124352

EXAM #	TYPE	EXAM	RESULT
000458537	RAD	/ LUMBAR SPINE OBLIQUE	

KELLEY, DANIEL B.
HISTORY: Fall.
LUMBAR SPINE
No comparisons. The patient has had a prior laminectomy at the L5-S1 level and two metallic spacing/prosthetic disk like structures have been placed at the L5-S1 disk space. These tubular metallic like structures lie one on each side of the disk space. There has been removal of the spinous process at L5 associated with a laminectomy. There is mild degenerative disk disease at L4-5. There is no other significant finding. There is no sign of acute injury. Normal SI joints. Normal body heights. A tiny bone density at the L2 body probably is due to a distant infarct or bone island.
IMPRESSION:
1. Evidence of prior laminectomy and surgical intervention at L5-S1 with prosthetic disk material placed at L5-S1.
2. Mild degenerative disk disease at L4-5.
3. No sign of acute injury or any other significant finding of the lumbar spine.

** REPORT SIGNATURE ON FILE 12/11/2003 **
Reported By: DONALD G. HAWKINS, MD
Signed By: HAWKINS,DONALD MD

Transcribed Date/Time: 12/11/2003 0728
Transcriptionist: RAD.RD

Technologist: MARY LANKFORD RT (R) (US)
Printed Date/Time: 12/22/2003 1:29p
CC: SHIRLEY LAZENBY
Weaver,Randall //

RUSSELL MEDICAL CENTER
P.O. BOX 939
ALEXANDER CITY,AL 35010

TRANSCRIPTION REPORT

NAME: KELLEY,DANIEL B.
PHYS: LAZENBY,SHIRLEY
DOB: 06/17/1971 AGE: 32 SEX : M
ACCT: V010479624 LOC: ER
EXAM DATE: 12/09/2003 STATUS:DEP ER
RAD #: 00087374 UNIT #: M0124352

EXAM #	TYPE	EXAM	RESULT
000458538	RAD	/ PELVIS	

KELLEY, DANIEL B.
HISTORY: Fall.
PELVIS
Evidence of prior prosthetic disk placements at L5-S1 and laminectomy at L5. The pelvis and both hips appear normal with no sign of acute injury.
IMPRESSION:
1. No sign of acute injury. No fractures.
2. Prior surgical intervention in the lumbosacral junction area.

** REPORT SIGNATURE ON FILE 12/11/2003 **
Reported By: DONALD G. HAWKINS, MD
Signed By: HAWKINS,DONALD MD

Transcribed Date/Time: 12/11/2003 0730
Transcriptionist: RAD.RD

Technologist: MARY LANKFORD RT (R) (US)
Printed Date/Time: 12/22/2003 1:29p
CC: SHIRLEY LAZENBY
Weaver,Randall

Consent to Hospital Care And Treatment
Russell Medical Center
Alexander City, Alabama 35010

V0104[illegible]624 MR# H0124352
ER ACCT# ER
KELLEY, DANIEL B.
DR. LAZENBY, S
12/09/2003
328 [illegible] MED/SURG CHARGE
[illegible] 06/67 [illegible]

CONSENT FOR TREATMENT

I understand that while a patient in this hospital, inpatient or outpatient, I will receive care and treatment administered by Russell Medical Center and its authorized representatives. Consent is given for any examination, care or treatment, deemed advisable and/or appropriate by my physician or by authorized representatives of Russell Medical Center.

The undersigned and/or the patient certifies that he/she has read the foregoing and accepts its terms

Verbal – Pt unable to sign unresponsive — Denise Blackmon
(Patient's Signature) (Witness)

12/9/03 19:11 — Monteresa Griggs
(Date) (Time)

The above patient__ is less than 14 years of age or__ unable to sign for the following reason:

The above consent is given on the patient's behalf.

(Patient's Representative) (Relationship) (Witness)

(Date) (Time)

PRIVACY STATEMENT ACKNOWLEDGEMENT

____ I have received a copy of the Russell Medical Center Notice of Privacy Practices.

____ I have declined to receive a copy of this notice.

Received
(Patient or Patient Representative Signature) (Witness)

REVISED: 12/11/02
KEYMK901

RUSSELL MEDICAL CENTER
FINANCIAL AGREEMENT

V0104796 24 M0124352
ER ER
KELLEY DANIEL B.
DR LAZENBY 12/09/2002 MEDICARE
32Y CA/M 06/17/1971
CODEINE

FINANCIAL RESPONSIBILITY

I understand that I am responsible for any unpaid balance due the hospital, other physicians and health care providers. Should the account be referred to any attorney for collection, the undersigned shall pay reasonable attorney's fees, court cost and collection expenses. These additional costs will be added to the account balance.

If your insurance carrier requires pre-certification for your services, it is ultimately the patient's responsibility to ensure that proper pre-certification is obtained. If the claim is denied in part or full, the guarantor will be financially responsible.

I understand that any unpaid balance is due in full upon receipt of the initial statement unless other arrangements have been made with the business office.

RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITS

I authorize the release of information from my medical record as is required by my insurance carrier or government agency to process my claim for benefits. I authorize the release of necessary information to other physicians and health care providers concerned in my treatment. I also authorize responsible third parties to pay directly to the hospital, other physicians and health care providers.

PERSONAL VALUABLES

This is to certify that I have been made aware that Russell Medical Center provides facilities for the safe keeping of my valuables, and that I release Russell Medical Center from any responsibility due to loss or damage of my clothing, watch, jewelry, dentures or other valuables that I may keep in my possession.

The undersigned and/or the patient certifies that he/she has read the foregoing and agrees and accepts its terms.

Verbal pt unresponsive Unable to sign

(Patient's Signature

Denise Blackmon
(Witness)

12/9/03
Date

21:50
TIME

Monterrosa Cossa

The above patient is unable to sign because: _____
or is an unemancipated minor. _____ years of age. Therefore, the above consent is given on the patient's behalf.

_____ _____
Closest Relative or Guardian's Signature Witness

_____ _____
Date Time

KEYMK544

MEDIDCAL RECORDS

Alabama Emergency Medical Services

Narrative/PMO

SERVICE NAME	SERVICE #	INCIDENT #	MEDICAL CONTROL #	TODAY'S DATE
Coosa EMS	188	[illegible]		1 2 0 2 0 3

INCIDENT LOCATION: Coosa Co Jail

TRANSPORTED TO: Russell

PATIENT INFO

PATIENT LAST NAME: [illegible] FIRST: Bryan M.I.: PHONE: DATE OF BIRTH: 0 6 1 7 7 1

STREET ADDRESS: [illegible] Lane SOCIAL SECURITY NUMBER: 4 2 0 – [illegible] – [illegible] 5 2 6 AGE: 32 GENDER: M

CITY: [illegible] STATE: AL ZIP CODE: 35150

CHIEF COMPLAINT: Fall – [illegible]

CURRENT MEDS: ○ Pt. States None ○ Unknown ○ Brought W/Pt. List: [illegible]

ALLERGIES (MEDS): ○ Pt. States None ○ Unknown List: Cod NC

MEDICAL HISTORY: ○ Pt. States None ○ Unknown ○ Allergies ○ AMS/Behav ○ Asthma ○ Cancer ○ Cardiac ○ CHF ○ COPD ○ Diabetes ○ Drug/Alcohol ○ Hypertension ○ Renal Failure ○ Resp. Failure ○ Seizure/Convuls. ○ Stroke/CVA ○ Other

PATIENT SIGNS

CONSCIOUS	SPEECH	SKIN	COLOR	RESPIRATIONS	PULSE	PUPILS
○ Conscious, Alert	○ Coherent	○ Normal	○ Normal	○ Normal	○ Normal	○ Reactive L / R
○ Respond Voice	○ Incoherent	○ Moist	○ Cyanotic	○ Crowing	○ Rapid	○ Dilated L / R
○ Respond Pain	○ Hysterical	○ Dry	○ Pale	○ Rales	○ Slow	○ Fixed L / R
○ Unresponsive	○ Slurred	○ Hot	○ Flushed	○ Distressed	○ Regular	○ Unequal
○ Combative	○ Silent	○ Cool	○ Ashen	○ Irregular	○ Irregular	○ Pinpoint L / R
○ Deceased	○ Abusive	○	○ Jaundice	○ Absent L/R	○ Weak/Thready	○ Sluggish L / R
○	○		○	○	○ Full Bounding	○ Blind L / R
					○	○

TIMES

Time of Call
Dispatch
Enroute
Arrive Scene
Depart Scene
Arrive Dest.
Return Service

TIME	CREW MEMBER	B/P	P	R	ASSESS/ORDERS	TREATMENT	RESPONSE/COMMENTS
		[illegible]	[illegible]	[illegible]	[illegible]		
					[illegible]	[illegible]	
					[illegible]	[illegible]	
					[illegible]	[illegible]	
					[illegible]	[illegible]	

IV SOLUTIONS ADMINISTERED

___ NS
___ Other

MEDICATIONS ADMINISTERED

Qty.	Dose		Qty.	Dose		Qty.	Dose		Qty.	Dose		Qty.	Dose	
		Adenosine			Atropine			Diazepam			Furosemide			Other
		Albuterol			Auto-Inhaler			Diphenhydramine			Lidocaine			
		Aspirin			Bicarb			Dopamine			Naloxone			
					Bretylium			Epi (1:1000)			Nitroglycerine			
					D50			Epi (1:10,000)			Nitrous Oxide			

NARRATIVE

[illegible handwritten narrative]

2050

○ Narrative 1 of 1

REFUSAL OF TREATMENT/TRANSPORT

This is to certify that I am refusing Treatment/Transport and have been informed of the risks of doing so.

X ______ Patient Signature Date/Time X ______ Witness Date/Time

X [illegible signature] Signature of Person Receiving Patient Date/Time Crew Member #1 [signature] EMS License # 603570

Crew Member #2 EMS License # 0015615

X ______ Signature of: ☐ Medical Control Physician ☐ Authorizing Physician ☐ Receiving Physician Date/Time Crew Member #3 EMS License #

MCP ID # DEA # Physician License #

Receiving Facility Copy

Russell Hospital
P.O. Box 939
Alexander City, AL 35011

FINAL

KELLEY,DANIEL B. V010479624 12/09/03 12/09/03 12/15/03

KELLEY,DANIEL B.
800 PINEVIEW LANE
SYLACAUGA AL 35150

MEDICARE 420256528A
MEDICAID 420256528

12/09/03	39700109	URINALYSIS	1	48.75
12/09/03	39900600	DRUG SCREEN LOCAL	1	190.50
12/09/03	39400056	DRUG CONFIRMATION	1	93.50
12/09/03	39902069	PHENOBARBITAL LEVEL	1	59.00
12/09/03	33100124	LEVEL 3	1	94.00
12/09/03	40703555	MOTRIN TAB; IBUPROFEN 600 MG TAB	1	3.25
12/09/03	40402018	CERVICAL SPINE-OBLIQ	1	200.50
12/09/03	40402083	LUMBAR SPINE OBLIQUE	1	186.50
12/09/03	40401945	PELVIS	1	75.50
12/09/03	32506149	URINAL, DISP; URINAL DISPOSABLE	1	5.80
12/09/03	33201195	E/R PHYS LEVEL 3	1	176.00

*** SUMMARY BY SERVICE ***

PHARMACY OTHER	1	3.25
CENTRAL SUPPLY	1	5.80
LABORATORY	4	391.75
RADIOLOGY	3	462.50
EMERGENCY ROOM	2	270.00

ESTIMATED INSURANCE DUE
MEDICARE 1133.30

V010479624

1133.30
0.00
1133.30
1133.30

0.00